

**UNITED STATES DEPARTMENT OF COMMERCE**  
**United States Patent and Trademark Office**  
**Address: COMMISSIONER FOR PATENTS**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**[www.uspto.gov](http://www.uspto.gov)**



<b>SERIAL NUMBER</b> 09/905,591	<b>FILING OR 371(c) DATE</b> 07/13/2001  <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1634	<b>ATTORNEY DOCKET NO.</b> 50026/012004	
<b>APPLICANTS</b> Keiya Ozawa, Tochigi, JAPAN; Katsuhisa Itoh, Ibaraki, JAPAN; Tsuneaki Sakata, Osaka, JAPAN; Yasuji Ueda, Ibaraki, JAPAN; Mamoru Hasegawa, Ibaraki, JAPAN;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/142,305 09/10/1999 which is a 371 of PCT/JP97/00687 03/05/1997					
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 8/47796 03/05/1996					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/27/2001</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance Verified and Acknowledged <u>B. H. Ellison</u> <div style="display: flex; justify-content: space-between;"> <span>Examiner's Signature</span> <span>Initials</span> </div>		<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 2/10	<b>INDEPENDENT CLAIMS</b> 1/4
<b>ADDRESS</b> 21559					
<b>TITLE</b> Gene that imparts selective proliferative activity					
<b>FILING FEE RECEIVED</b> 398	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> All Fees</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.16 Fees ( Filing )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> 1.18 Fees ( Issue )</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;"><input type="checkbox"/> Other _____</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> Credit</div>			